HealthSource RI Expert Advisory Committee

200 Dyer Street, Providence

August 28, 2013

8:00am – 9:00am

Meeting Minutes

Attendees: Ted Almon, Abbe Garcia, Lou Giancola, Beth Lange, Cecelia Pelkey, Kathryn Shanley, Rich Glucksman (standing in for Monica Nerohna), Don Wineberg, Chair, David Keller

I. Welcome and Introductions

Amy Black, HealthSource RI staff welcomed Committee Members.

II. Measuring our Success: Evaluation Plan Discussion

Jennifer Schmidt, Wakely Consulting; Pranali Trivedi, Freedman Healthcare, and Tricia Leddy, Deputy Director, HealthSource RI

Ms. Schmidt and Ms. Trivedi presented on HealthSource RI's draft evaluation plan, specifically focusing on baseline reports that will be available immediately. The purpose of the presentation was to give an overview of how HealthSource RI will measure its success toward reaching its goals. Primary sources for the baseline reports include Rhode Island (RI) and national surveys, RI Department of Health reports, and Office of the Health Insurance Commissioner (OHIC) reports.

The evaluation plan was developed using the five goals from the Strategic Plan to ensure that the metrics were aligned with the state's goals. Ms. Trivedi explained the different data sources that HealthSource RI is utilizing to develop the baseline reports.

Committee members posed several questions and had general comments during the course of the presentation, including:

- Inclusion of mental health indicators in the evaluation plan since mental health is a strong predictor of health status. An example measure of depression could be mental health service utilization. This particular measure is available for 2007-2011 for middle and high school students through Rhode Island Kids Count.

- Discussion of the development of measures versus usage of existing data sources. Although Committee Members noted that process measures can take time and money to develop, some members advocated thinking about how to collect useful data rather than being limited to existing data. Members working in mental and behavioral health suggested that investment in data collection was necessary to actualize existing research measures. Common public health measures, such as infant mortality and age-specific mortality, which could be captured now and in the future, could also be helpful and draw from existing sources.

- Discussion of development of data sources: collecting claims data through the All Payers Claims Database (APCD), adding measures to the RI Behavioral Risk Factors Surveillance Survey (BRFSS) and thinking about outcome measures related to patient-center medical homes.

Committee members also provided specific feedback in reference to each of the five strategic goals.

Goal 1 – Improve the Health of Rhode Islanders

- Access to coverage vs. access to care is measured by insurers, but not routinely. This will be on the Exchange's list of things to measure. Committee Members remarked that CAHPS, surveys of providers or the OHIC provider survey could be of use in this area.

- Members are interested in what measures other states are using in order to compare RI against other states. MA measures include: practice surveys, BRFSS, and ER utilization, specifically among people who are newly insured. RI's BRFSS is robust so nearly all data is collected in at least one other state.

Goal 2 - Achieve Near Universal Coverage

- Members are concerned about creating a measure tracking if employers are reducing hours from full to part time to limit coverage.

Goal 3 - Favorably Impact Health Insurance Cost

- Members seek to clarify the goal: Is the goal to favorably influence health care delivery cost or health care insurance cost- and in terms of insurance cost, cost to the consumer or cost to the state? Committee Members suggest that the impact on premiums will be the most publicly visible indicator, but the goal aims to affect a broader overall system cost reduction as well.

- Administrative costs could be reported as percent of premium or gross administrative costs. Under the ACA, insurers have to report their medical loss ratio. Committee members had a question about whether utilization review is part of claims cost or administrative cost.

- A decrease in uncompensated care suggests that people are using coverage effectively. Hospitals report uncompensated care to the Department of Health and the UDS data set tracks uncompensated care yearly.

Goal 4 - Favorably Impact Health Care Delivery System Effectiveness and Efficiency

- Committee Members discussed practices that are non Fee-for-Service arrangements. In this area, the OHIC surveys could be of use: OHIC is seeking information from insurers on Fee-for-Service and other payment arrangements. Once percent of revenue for a non-FFS arrangement practice can be measured, practices will change the way they do business.

- Members remarked on the implications of increased enrollment in patient-centered medical homes: less emergency room use, fewer re-hospitalizations and hospital stays, although some data show a spike in subspecialty use, total cost of care decreases(usually for integrated systems), and the ultimate outcome is more years of being a productive citizen and a decrease in short term emergency room and hospitalizations (captured in the APCD).

- ACOs and medical homes are characterized by a discrepancy between payment and the patients served. Committee Members suggested looking at medical home attribution using a CSI attribute report. Additionally, building an aggregated database or having medical groups self-report whether they are offering PCMH were also suggested as methods.

Goal 5 – Add Value to Employer Health Insurance Purchasing

- Employee choice option should increase employer participation. Committee Members suggested using survey or information from carriers to obtain data on small employer activity and perception of the full employee choice model in the state.

III. Public Comment

Amy Black, HealthSource RI staff asked if there was any public comment. One member of the public asked if HealthSource RI would be tracking parents who are ineligible for Medicaid and eligible for tax credits. Ms. Schmidt responded that we would be tracking churn and previous coverage of HealthSource RI enrollees.